FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000026753

1. Corporation Name

CONSUMMATE REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address		
19112 MM 19 STREET	18112 MW 19 STREET		

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90184 040 ***150.00

Principal Place of Business Mailing Address		(4015401 (10 10101 1015) 06/11 00	I (\$915\$01 110 1010) totti detit dotti dotte dotte ditte ditte ditte ditte				
· ·		Mailing Address		,			
18112 NW 19 STREET		1					
PEMBRUKE FIN	ICO FC 30029	FEMBRURE FINES 11 3022		DO NOT WRI	TE IN THIS SPACE		
, , , , , , , , , , , , , , , , , , ,				3. Date Incorporated or Qualifed			
•	-			03/23/1998			
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number		Applied For	
-		26 3201 HULLY -	JOOD BLUD.	65-0827554	-	Not Applicable	
21 5 2 0\ Suite, Apt.		Suite, Apt, #, etc.		0. 039100-	\$8.7	5 Additional	
			5. Certifcate of Status Desired	1 1	Required		
22 \ \ \cdot \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2 51 -ti Company Singapoine		-		
			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23							
Zip	`	⊢¬ ' -	¬ , , ,	 This corporation owes the curn Personal Property Tax. 	ent year intangibre	₩No	
24 33°		1201 - 12	0 4.3.	10. Name and Address of New R		63110	
	49. Name and Address of Current	Registered Agent	81 Name		tegistered Agent		
HEDI	RERA, CARLOS			curt Joseph	urt Joseph		
	SE 2ND STREET		82 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
			ļ_ 				
	2200		83 18113	LAW IGTE STREET			
MAIM	MI FL 33131		84 City	•	85 Z	Zip Code	
			ىنە تەر2	BROKE BENES	FL T :	3303-9	
_11Pursuant	to the provisions of Sections 607.0502	and 607. 508, Florida Statutes	, the above-named corp	poration submits this statement for the	purpose of changing	its registered -	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with antifaccept tipe obligation	(Florida, Such change was authors of Section 607 0505, Florid	horized by the corporati	on's board of directors. I hereby accer	it the appointment as	s registered	
	M lamina and accept the congen	· -					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	ZosePH legistered Agent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12	
TITLE ().	D	DELETE	1.1 TITLE		- Chan	ge Addition	
NAME	JOSEPH, KURT		1.2 NAME		``		
STREET ADDRESS	18112 NW 19 STREET		1.3 STREET ADDRESS				
ļ	PEMBROKE PINES FL 33029		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE		∏ Chan	ge Addition	
TITLE			l i				
NAME	DISGDIERTT, DANIEL		2.2 NAME			•	
STREET ADDRESS	16785 SW 5 WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	WESTON FL 33326		2.4 CITY-ST-ZIP			- Addisin	
TITLE	D	DELETE	3.1 TITLE		☐ Chan	ige	
NAME	HERRERA, CARLOS		3.2 NAME				
STREET ADDRESS	2790 NE 56 COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Chan	ge Addition	
NAME			4.2 NAME				
STREET ADDRESS] - ,	e e j	4.3 STREET ADDRESS	• • •	· • ·		
CITY-ST-ZIP	{	•	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Chan	ge Addition	
		<u></u>	5.2 NAME			-	
NAME							
STREET ADDRESS				-	•	•	
CITY-ST-ZIP	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	5.4 CITY-ST-ZIP			na DAddista	
TITLE "	2 2 2 1 1 1 1 1 1 1 1	DELETE	6.1 TITLE		Chan	ige 🗌 Addition	
NAME	Sai Pelisco		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	٠.,			
CITY-ST-7IP	· · · · · · · · · · · · · · · · · · ·		-64 CITY-ST-ZIP				

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that by signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an extended with an address, with all other like empowered.

SIGNATURE: